

For: County Offices

FLP Assistance to FSA Employees, Relatives, and Associates

Approved By: Acting State Executive Director

RAT:LEV:lv



1 Overview

A

Background

All FSA employees, their relatives, and their business associates, are subject to the FLP assistance reporting requirements of FmHA Instruction 1900-D, and FSA Handbook 3-PM or 22-PM, as appropriate. Notices FC-2 and FC-12, and Oregon Notices FC-2 and FLP-39, were previously issued to remind all FSA employees of these responsibilities.

In 1997, the Office of Government Ethics (OGE) audited the Agency's conflict of interest and standards of conduct regulations. As a result of that audit, Notice PM-2109 was issued, and FSA Handbooks 3-PM and 22-PM are scheduled for revision. The reporting and disclosure requirements of FmHA Instruction 1900-D, however, continue to exist.

B

Purpose

The purpose of this Oregon Notice is to:

- survey all FSA employees for the existence of direct or guaranteed FLP loans, or pending applications for direct or guaranteed FLP assistance.
 - survey all FSA employees for the existence of either FLP direct or guaranteed loans made to, or pending applications received from, close relatives or associates as defined in Section 1900.152 of FmHA Instruction 1900-D.
 - explain the SED's options for designating an appropriate FSA servicing office for employees, relatives, or associates having FLP loans or pending applications for direct or guaranteed FLP assistance.
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FILING: Preceding FmHA Instructions 1900-D

Disposal

Distribution

March 1, 2002

STO, DD, COR, COC, COF - Including Farm Loan Programs

03-07-01

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2 Action

A

Employee Action

All FSA employees, including County Committee members, shall review Notice PM-2109 and FmHA Instruction 1900-D, and if they have not already done so, report the existence of FLP indebtedness, pending applications for FLP assistance, and relationships and associations to the SED as follows:

IF . . .	THEN . . .
you are liable in any way for an FLP debt that is not paid in full	report your personal liability for the FLP debt to the SED
you are a partner, stockholder, joint operator, or member of a partnership, corporation, joint operation, or cooperative that has an FLP loan that is not paid in full	report your interest in the partnership, corporation, joint operation, or cooperative that received the FLP loan to the SED
you are an applicant in any way for FLP assistance that is not yet closed	report your application for FLP assistance to the SED
you are a partner, stockholder, joint operator, or member of a partnership, corporation, joint operation, or cooperative applicant for FLP assistance that is not yet closed	report your interest in the partnership, corporation, joint operation, or cooperative that has applied for FLP assistance to the SED
you are related or associated (as defined in Section 1900.152 of FmHA Instruction 1900-D) to a person who is liable in any way for an FLP debt that is not paid in full	report your relationship or association with the FLP recipient to the SED
you are related or associated (as defined in Section 1900.152 of FmHA Instruction 1900-D) to a person who is a partner, stockholder, joint operator, or member of a partnership, corporation, joint operation, or cooperative that has an FLP loan that is not paid in full	report your relationship or association with the party having an interest in the partnership, corporation, joint operation, or cooperative indebted for the FLP loan to the SED
you are related or associated (as defined in Section 1900.152 of FmHA Instruction 1900-D) to a person who has applied for FLP assistance that is not yet closed	report your relationship or association with the FLP applicant to the SED
you are related or associated (as defined in Section 1900.152 of FmHA Instruction 1900-D) to a person who is a partner, stockholder, joint operator, or member of a partnership, corporation, joint operation, or cooperative that has applied for FLP assistance that is not yet closed	report your relationship or association with the party having an interest in the partnership, corporation, joint operation, or cooperative that applied for the FLP assistance to the SED
you do not meet any of the above conditions in this table	a report to the SED is not necessary

Continued on the next page

Oregon Notice FLP-68

2 Action, *Continued*

B

Information to be Reported

FSA employees and County Committee members required to report under paragraph 2 A of this Oregon Notice shall:

- prepare a report for the SED showing the information on the reverse of the Form FSA 1041 shown in Exhibit 1, and any other information required by Paragraph 4 D of Notice PM-2109

Note: A fillable MSWord version of Form FSA 1041, prepared specifically for use in making disclosures under the FLP program, is being electronically distributed for use in reporting.

- submit the completed report to the FLP section using the modified Form FSA 1041 as soon as practical, but no later than April 1, 2001.
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C

SED Action

The SED, after consultation with the Farm Loan Chief, Chief Administrative Officer, and District Director when appropriate, will designate a servicing official for all FLP accounts and applications subject to the reporting requirements of this Notice. Designated servicing officials may include employees in adjoining County Offices, nearby County Offices where Farm Loan Managers or Farm Loan Officers are located, or a combination of the two. A response similar to Exhibit 2 of this Oregon Notice will be used to notify CEDs and Farm Loan Managers of designated officials. Employees, or relatives or associates of employees, must also be notified of the FSA official designated to work with their application or account.

D

Additional Information

Each employee and COC member indebted for an FLP loan must thoroughly review and become familiar with the limitations and requirements set forth in Notice PM-2109. Even though Notice PM-2109 has expired, it's contents are still applicable. Additional information is also available in the Code of Federal Regulations at 7 CFR Part 2635, "Standards of Ethical Conduct for Employees of the Executive Branch."

Continued on the next page

2 Action, *Continued*

E

Disclosure of COC Loans and Relationships

As new COC members are elected, CEDs shall:

- review the contents of Notice PM-2109 and this Oregon Notice with them
- inquire about the existence of FLP applications from, and loans to, COC members and their relatives and associates
- emphasize the importance of avoiding any situation that may raise the appearance of a loss of impartiality in the performance of their duties, including doing business with other FSA employees and others that have outstanding FLP assistance
- assist them in reporting to the SED using the modified Form FSA 1041 with the required FLP information on the reverse.

3 Contacts

A

Contacts in the STO

Direct questions about this Oregon Notice to the Farm Loan Chief, or Chief Administrative Officer.

REPRODUCE LOCALLY. Include form number and date on reproductions.

FSA-1041 (03-07-01) FLP Version U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency ANNUAL CERTIFICATION NOTICE AND DISCLOSURE FORM FOR NEPOTISM AND CONFLICT OF INTEREST RESTRICTIONS	1. Date Received by the State:
	2. County FSA Office Name, Address, and ZIP Code

PART A - INSTRUCTIONS

Complete the following employee data as requested after reading the "Non-Federal County Office or Federal Employee Conflict of Interest and Nepotism Restrictions." If you have questions regarding the information read or in answering the questions on this form, address your questions or concerns to your District Director or Administrative Officer. Upon completion of this form, sign and date Item 11, place the form in a sealed envelope, and forward signed certification and any disclosures to the appropriate Administrative Officer by COB, MAY 29, 1998. The outside of the envelope shall contain the following information: employee's name, county office, and "CRIT certification."

PART B - EMPLOYEE DATA

EMPLOYEE STATUS: (Please check the applicable status as it applies to your current position.)

<input type="checkbox"/>	<input type="checkbox"/> COC Member	<input type="checkbox"/> Non-Federal Employee	<input type="checkbox"/> Federal Employee
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3. Employee Name (Please Print, Last, First, MI)	4. FSA Position Title
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5. Social Security Number	6. Series, Grade or Pay Level	7. Organizational Title
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8. Please mark "YES," "NO," or "N/A" in each of the below listed categories. FALSE CERTIFICATION, FAILURE TO TIMELY CERTIFY, AND/OR FAILURE TO FULLY DISCLOSE MAY RESULT IN APPROPRIATE ADMINISTRATIVE ACTION. If you responded either "NO" or "N/A" to all of the following categories, please complete Item 9 below. If you responded "YES" to any of the below listed categories, please complete Part D and Item 10 on the REVERSE SIDE of this form.

"Do you have any situations which would require possible disclosure in the following areas?"	N/A	YES	NO
a. Nepotism			
b. Gifts from Outside Sources			
c. Gifts Between Employees			
d. Gifts, Gratuities, Entertainment, and Favors			
e. Gifts from Interested Parties			
f. Conflicting Financial Interests			
g. Impartiality in Performing Official Duties			
h. Farm Loan Program (Conflict of Interest Restrictions or Other violations)			
i. Seeking Employment Prohibitions			
j. Misuse of Position			
k. Outside Activities Prohibitions			
l. Conflict of Interest Restrictions			
m. Post Employment Violations			
n. Storage, Drying and Other Equipment Vendors Violations			
o. Prohibited Crop Insurance Activities			

PART C - EMPLOYEE CERTIFICATION AND SIGNATURE - NO DISCLOSURES

I certify that I have read the appropriate Non-Federal County Office Employee or Federal Employee Conflict of Interest and Nepotism Restrictions, and that I have NO DISCLOSURES TO MAKE AND I HAVE NOT VIOLATED ANY OF THE RESTRICTIONS.

9. EMPLOYEE'S SIGNATURE	DATE
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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

FSA-1041 (03-07-01) REVERSE

(FOR FARM LOAN PROGRAMS DISCLOSURES)

PART D - EMPLOYEE CERTIFICATION AND SIGNATURE - DISCLOSURES

DISCLOSURE (S) TO THE NON-FEDERAL COUNTY OFFICE EMPLOYEE OR FEDERAL EMPLOYEE CONFLICT OF INTEREST AND NEPOTISM RESTRICTION WHICH THE EMPLOYEE FEELS THE FOLLOWING SITUATION NEEDS POSSIBLE REVIEW, WAIVER, AND OR CORRECTIVE ACTION. (Attach additional sheets if necessary. You must sign each attached disclosure page.)

This is to notify you that I have applied for, I am currently indebted for, or I am related to or associated with an applicant or recipient of Farm Loan Program (FLP) assistance. The following information, which is correct to the best of my knowledge and belief, is provided as a full and complete disclosure. Any unknown information is indicated with a question mark.

Recipient Name	FSA Case No.	Security Location (County)
Type of Assistance	Amount	Fund/Loan Code
Status of Assistance <input type="checkbox"/> Application <input type="checkbox"/> In Process <input type="checkbox"/> Active	Employee Duty Station	

The details of this Assistance, Relationship, or Association are as follows:

I certify that I have read the appropriate Non-Federal County Office Employee or Federal Employee Conflict of Interest and Nepotism Restrictions, and HAVE DISCLOSED TO THE BEST OF MY KNOWLEDGE, THOSE SITUATIONS REQUIRING POSSIBLE REVIEW, WAIVER, AND/OR CORRECTIVE ACTION. (COMPLETE PART D ABOVE FOR DISCLOSURES.)

10. EMPLOYEE'S SIGNATURE	DATE
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United States
Department of
Agriculture

Farm Service
Agency

Oregon State
Office

7620 SW Mohawk
Tualatin, Oregon
97062-8121

Telephone
(503) 692-6830

Facsimile
(503) 692-8139

E-Mail
oregon.state@
bbs.fsa.usda.gov

TDD
(202) 720-2600

DATE: (Insert Date)

TO: County Executive Director
Farm Loan Manager
(County Name) County FSA Office

FROM: Roger A. Tresham, Acting SED
Oregon State FSA Committee

SUBJECT: FLP Assistance to FSA Employees, Relatives, and Associates

I have reviewed the information submitted about FLP assistance to [name of applicant or loan recipient], [a (relative) (associate) of (name of employee)], [employee title] in the [FSA office], under FmHA Instruction 1900-D and Notice PM-2109.

I have [determined that normal processing and servicing authorities will be used] [designated the following processing and servicing officials or offices for the indicated actions].

Action	Designated Official	Designated Office
Application Processing		
Eligibility Determinations		
Property Inspections & Appraisal		
Docket Preparation		
Approval		
Closing Agent		
Supervised Bank Account: Bank Countersignature Authority		
Construction Inspections		
Servicing		
Post Closing Review		

The case file is to be maintained at [*designated processing and servicing office*], [*State and County code*]. The County Executive Director now needs to notify the [(*applicant*), (*loan recipient*), (*FSA employee*)], and with the assistance of the Farm Loan Manager, take the necessary action to effect the change.

The Employee Relationship Code for the Farm Loan Manager to process in ADPS is:

☐ 01 - Employee ☐ 02 - Member of Family ☐ 03 - Close Relative ☐ 04 - Associate

Please take the actions necessary to assure that all effected parties are informed of this determination. If you have any questions or need any further information, please contact the Farm Loan Chief or the Chief Administrative Officer in the STO.

cc: District Director, FSA